CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
ABNRECD	Abn received missing	ABN Received Missing
ABNRSN	Abn reason code id missing	ABN Reason Code Id Missing
AC	Medicare requires copy of card	Medicare denied - requires copy of card
ADDRESS	Address missing	Address missing
APPEAL	Accession appeal	Accession Appeal
AUTH	Authorization missing	Authorization missing
CFSU	Client fee schedule undefined	Client fee schedule undefined
CLNSTATE	Client billing state missing	Client billing state missing
CMBE	Consolidation modifier overflow	Consolidation modifier overflow
CO09	Diagnosis inconsistent with age	The diagnosis is inconsistent with the patient's age.
CO10	Diagnosis inconsistent with sex	The diagnosis is inconsistent with the patient's sex.
CO107	Qualifying service not paid or identifie	Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim.
CO109	Not covered by payer/contractor	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
CO11	The diagnosis is inconsistent with the p	The diagnosis is inconsistent with the procedure.
CO114	Not approved by the fda	Procedure/product not approved by the Food and Drug Administration
CO119	Benefit maximum reached	Benefit maximum for this time period has been reached.
CO125	Submission/billing error	Claim/service denied/reduced due to a submission/billing error(s).
CO13	The date of death precedes the date of s	The date of death precedes the date of service.
CO16	Lacks info needed for adjudication	Claim/service lacks information which is needed for adjudication.
CO17	Requested info was not provided	Claim/service denied because requested information was not provided or was insufficient/incomplete.
CO18	Duplicate	Duplicate claim/service
CO22	May be covered by another payer per cob	Claim denied because this care may be covered by another payer per coordination of benefits.
CO23	Primary paid more than allowed amount	Claim denied/reduced because charges have been paid by another payer as part of coordination of benefits.
CO24	Charges covered under a capitation agree	Payment for charges denied. Charges are covered under a capitation agreement.
CO29	The time limit for filing has expired.	The time limit for filing has expired.
CO31	Patient cannot be identified as our insu	Claim denied as patient cannot be identified as our insured.
CO42	Fee schedule exceeded	Charges exceed our fee schedule or maximum allowable amount.
CO46	Not a covered service	This (these) service(s) is (are) not covered.
CO50	Medical necessity	These are non-covered services because this is not deemed a "medical necessity" by the payer.
CO56	Svc not proven to be effective by payer	Claim/service denied because procedure/treatment has not been deemed "proven to be effective" by the payer.
CO57	Frequency	Claim/service denied/reduced because the payer deems the information submitted does not support this level of service, this manyservices, this length of service, or this dosage.
CO58	Invalid place of service	Claim/service denied/reduced because treatment was deemed by the payer to have been rendered in an inappropriate or invalid place of service.
CO7	Proc inconsistent with patient's sex	Procedure inconsistent with patient's sex

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
CO97	Included in basic service	Payment is included in the allowance for the basic service/procedure.
COA1	Claim denied charges	Claim denied charges.
COA3	Medicare secondary payer liability met	Medicare Secondary Payer liability met.
COB10	Component of the basic procedure	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.
COB13	Previously paid	Previously paid. Payment for this claim/service may have been provided in a previous payment.
COB15	Not paid separately	Claim/service denied/reduced because this procedure/service is not paid separately.
COB17	Service not prescribed by a physician	Claim/service denied because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.
COB18	Procedure code/modifier invalid on dos	Claim/service denied because this procedure code/modifier was invalid on the date of service or claim submission.
COB20	Furnished by another provider	Charges denied/reduced because procedure/service was partially or fully furnished by another provider.
COB22	Denied based on the diagnosis	This claim/service is denied/reduced based on the diangosis.
COB4	Late filing penalty	Late filing penalty.
COB7	Provider not certified for this service	This provider was not certified for this procedure/service on this date of service.
COB9	Pt in hospice	Services not covered because the patient is enrolled in a hospice.
COD12	Purchased diagnostic test	Claim/service denied. Claim does not identify who performed the purchased diagnostic test or the amount you were charged for the test.
CONUNITOV	Consolidation unit overflow	Consolidation unit overflow
CPPS	Client pricing suspended	Client pricing suspended
CPTCODE	Cpt code missing	Cpt code w/ system modifier missing
CPXPG	Client excluded from payor group	Payor group excluded from client
CPXPI	Client excluded from payor	Payor excluded from client
CR18	Duplicate	Duplicate claim/service
CR22	Possible cob coverage	Claim denied because this care may be covered by another payer per coordination of benefits.
CR42	Fee schedule exceeded	Charges exceed our fee schedule or maximum allowable amount.
CR50	Non covered	These are non-covered ervices because this is not deemed a "medical necessity" by the payer.
CR63	Correction to a prior claim	Correction to a prior claim
CR93	No claim level adjustments	No claim level adjustments.
CRB12	Svc not documented	Services not documented in patient's medical records.
CRB15	Proc not pd separate	Procedure/service not paid separately
CRB22	Denied due to dx	Denied based on diagnosis
DIAGDESC	Diagnosis description missing	Diagnosis Description Missing
DIAGID	Diagnosis id missing	Diagnosis Id Missing
DIAGNARNA	Narrative diagnosis not allowed	Narrative diagnosis not allowed
DUP	Duplicate test	Duplicate Test

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
FACID	Facility id missing	Facility Id Missing
GRP	Group number missing	Group number missing
H6	Medicare denied payment	Medicare denied payment.
INCMPCLN	Incomplete client record setup	Incomplete Client Record Setup
INCMPPYR	Incomplete payor record setup	Incomplete Payor Record Setup
INSDADD	Insured's address missing	Insured's address missing
INSDCITY	Insured's city missing	Insured's city missing
INSDEMAIL	Insured e-mail missing	Insured E-mail Missing
INSDFNAME	Insured's first name missing	Insured's first name missing
INSDHMPH	Insured's home phone number missing	Insured's home phone number missing
INSDLNAME	Insured's last name missing	Insured's last name missing
INSDREL	Insured's relationship missing	Insured's relationship missing
INSDSTATE	Insured's state missing	Insured's state missing
INSDWKPH	Insured's work phone number missing	Insured's work phone number missing
INSDZIP	Insured's zip missing	Insured's zip missing
INTFORCE	Force to ep manual/ep hold	FORCE TO EP MANUAL/EP HOLD
INVABNRSN	Invalid abn reason type	INVALID ABN REASON TYPE
INVACCN	Invalid accession data	Invalid accession data
INVCL	Invalid client	INVALID CLIENT
INVCLNQUES	Invalid client question id	INVALID CLIENT QUESTION ID
INVCOC	Invalid coc reason	INVALID CHAIN OF CUSTODY REASON TYPE ID
INVCOMPPRC	Profile componet can't be reference test	Profile component can not be a reference test and can not be priced at lab cost
INVDATA	Invalid data	Invalid Data
INVDIAG	Invalid diag code	INVALID DIAGNOSIS CODE
INVDIAGTYP	Invalid diag type	INVALID DIAGNOSIS TYPE
INVDIAL	Invalid dialysis condition	INVALID DIALYSIS CONDITION
INVDIALTYP	Invalid dialysis type	INVALID DIALYSIS TYPE
INVDOS	Invalid date of service	INVALID DATE OF SERVICE
INVEMPLST	Invalid employer state	INVALID EMPLOYER STATE - COC
INVEMPZIP	Invalid employer zip	INVALID EMPLOYER ZIP CODE - COC
INVFAC	Invalid facility	INVALID FACILITY
INVFACPHLE	Invalid phleb facility	INVALID PHLEB FACILTY
INVFAST	Invalid fasting type	INVALID FASTING TYPE
INVGENDER	Invalid gender	INVALID GENDER
INVINSST	Invalid insured state	INVALID INSURED STATE

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
INVINSZIP	Invalid insured zip code	INVALID INSURED ZIP CODE
INVLABMSG	Invalid lab message type id	INVALID LAB MESSAGE TYPE ID
INVLINKACC	Invalid linked accession number	INVALID LINKED ACCESSION NUMBER
INVMAN	Invalid manifest	INVALID MANIFEST
INVMOD	Invalid modifier	INVALID MODIFIER
INVMOD2	Invalid modifier-2	INVLAID MODIFIER - 2
INVMOD3	Invalid modifier-3	INVALID MODIFIER - 3
INVMOD4	Invalid modifier-4	INVALID MODIFIER - 4
INVMROST	Invalid mro state	INVALID MRO STATE - COC
INVMROZIP	Invalid mro zip code	INVALID MRO ZIP CODE - COC
INVPAY	Invalid payor	INVALID PAYOR
INVPAYTYP	Invalid payment type	INVALID PAYMENT TYPE ID
INVPAYUSE	Invalid payment user	INVALID PAYMENT USER ID
INVPHLEB	Invalid phlebotomist	INVALID PHELBOTOMIST
INVPMTPYR	Invalid payment payor	INVALIF PAYMENT PAYOR
INVPRIO	Invalid payor priority	INVLAID PAYOR PRIORITY
INVPROF	Invalid profile	INVALID PROFILE
INVPROF	Profile components do not exist	The test is marked as a profile, but the
INVPROFPRC	Invalid profile or component price	Invalid profile or component billed price, profile component prices do not add up to the profile billed price
INVPTLOC	Invalid patient location type	INVALID PATIENT LOCATION TYPE
INVPTZIP	Invalid patient zip code	INVALID PATIENT ZIP CODE
INVPYRDT	No pricing set up for payor	Invalid PYRDT record
INVRCCONT	Invalid report copy contact method	INVALID REPORT COPY CONTACT METHOD
INVRCST	Invalid report copy state	INVALID REPORT COPY STATE
INVRCTID	Invalid daily receipt id	INVALID DAILY RECEIPT ID
INVRCZIP	Invalid report copy zip code	INVALID REPORT COPY ZIP CODE
INVRELAT	Invalid relationship	INVALID RELATIONSHIP TYPE
INVRPTCLN	Invalid client on report copy	INVALID CLIENT ON REPORT COPY
INVSPEC	Invalid specimen type	INVALID SPECIMEN TYPE
INVST	Invalid patient state	INVALID PATIENT STATE
INVSUBUPIN	Invalid submission upin	INVALID SUBMISSION UPIN
INVTC	Invalid test code	Invalid Bill Code
INVTDATA	No effective test data record	No effective test data record
INVTEMPTYP	Invalid speciment temp type	INVALID SPECIMEN TEMPERATURE TYPE
INVTSTCNST	Invalid test constraint	INVALID TEST CONSTRAINT

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
INVUPIN	Invalid upin	INVALID UPIN
INVWCST	Invalid workman comp emplyer state	INVALID WORKER COMP EMPLOYER STATE ID
INVWCZIP	Invalid workman comp employer zip	INVALID WORKER COMP EMPLOYER ZIP
LCAPX	Lmtd cov action patient payor excluded	Limited Coverage Action Patient Payor Excluded
LCNOABN	No abn received for limited coverage	No ABN received for limited coverage
M1	X-ray not taken in past 12 months	X-ray not taken within the past 12 months or near enough to the start of treatment.
M12	Diagnostic tests performed by a physicia	Diagnostic tests performed by a physician must indicate whether purchased services are included on the claim.
M15	Separate tests bundled	Separately billed services/tests have been bundled under a single procedure code as they are considered components of that same procedure. Separate payment is not allowed.
M25	Paid for less extensive service	Payment has been (denied for the/made only for a less extensive) service because the information furnished doesn ot substantiate the need for the (more extensive) service. If you believe the service should have been fully covered as billed, or if you did
M25	Pymnt made for less extensive svc	Payment has been (denied for the/made only for a less extensive) service.
M33	Missing/invalid upin	Claim lacks the UPIN of the ordering/referring or performing physician, physician assistance, nurse practitioner, or clinical nurse specialist or the UPIN is invalid.
M34	Claim lacks the clia number	Claim lacks the CLIA certification number.
M38	Patient is liable, signed abn	The patient is liable for the charges for this service as you infomred the patient in writing before the sevice was furnished that Medicare would not pay for it, and the patient agreed to pay.
M51	Invlaid procedure code	Incomplete/invalid procedure code(s) and/or rates, including "not otherwise classified" or "unlisted" procedure codes submitted without a narrative description. Refer to the HCFA Common Procedure Coding System. If an appropriate procedure code(s) does n
M53	Units of service not appropriate	Did not complete or enter the appropriate number (one or more) of days or unit(s) of service.
M75	Multichannel tests combined	Allowed amount adjusted. Multiple automated multichannel tests performed on the same day combined for payment.
M76	Invalid diagnosis	Incomplete/invalid patient's diagnosis(es) and condition(s).
M80	Not payable during same session	We cannot pay for this when performed during the same session as a previously processed service for the beneficiary.
M84	Old and new hcpcs	Old and new HCPCS cannot be billed for the same date of service.
MA01	Appeal rights	If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial cliam to conduct the review. However, in order to be eligibl
MA03	Hearing rights	If you do not agree with the Medicare approved amounts and $100 or more is in dispute (less deductible and coinsurance), you may ask for a hearing. You must request a hearing within six months of the date of this notice. To mee the $100, you may combine
MA04	Primary eob required	Secondary payment cannot be considered without the identify of or payment information from the primary payer. The information was either not ported or was illegible.
MA07	Forwarded to medicaid	The claim information has also been forwarded to Medicaid for review.

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
MA08	Claim not forwarded	You should also submit this claim to the patient's other insurer for potential payment of supplemental benefits. We did not forward the claim information as the supplemental coverage is not with a Medigap plan, or you do not participate in Medicare.
MA09	Assigned	Claim submitted as unassigned but processed as assigned. You agreed to accept assignment for all claims.
MA10	Patient payment in excess of amount owed	The patient's payment was in excess of the amount owed. You agreed to accept assignment for all claims.
MA102	Upin incomplete or missing	Did not complete or enter accurately the refering/ordering/supervising physician's/physician assistant's/nurse practitioner's/clinical nurse specialist's name and/or UPIN.
MA11	Conditional payment	Payment is being made on a conditional basis. If no-fault insurance, liability insurance, worker's compensation insurance also covers this claim, a refund may be due.
MA110	Purchase price	Our records indicate that you billed diagnostic test(s) subject to price limitations and indicated that the test(s) were performed by an outside entity; however, you did not indicate the purchase price of the test(s) and/or the performing laboratory's nam
MA111	No cost information	Records indicate tests were performed by an outside entity, however, no cost or the test and/or laboratory name was indicated
MA120	Clia number missing or invalid	Did not complete or accurately enter the CLIA number.
MA13	Cannot bill patient w/o pr	You may be subject to penalties if you bill the beneficiary for amounts not reported with the PR (patient responsibility) group code.
MA130	Incomplete/invalid information	Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit the correct information to the appropriate fiscal intermediary or carrier.
MA15	Claim separated	Your claim has been separated to expedite handling. You will receive a separate notice for the other services reported.
MA18	Forwarded to supplemental insurer	The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
MA19	Verify medigap	Information was not sent to the Medigap insurer due to incorrect/invalid information you submitted concerning that insurer. Please verify your information and submit your secondary claim directly to that insurer.
MA27	Incorrect entitlement number or name	Incorrect entitlement number of name shown on the claim. Please use the entitlement number or name shown on this notice for future claims for this patient.
MA27	Incorrect entitlement number or name	Incorrect entitlement number or name shown on the claim. Please use the entitlement number or name shown on this notice for future claims for this patient.
MA28	Provider did not accept assignment	Receipt of this notice by a physician or supplier who did not accept assignment is for information only and does not make the physician or supplier a party to the determination. No additional rights to appeal this decision, above those rights already pro
MA36	Incomplete/invalid patient's name	Incomplete/invalid patient's name
MA39	Incomplete/invalid patient's sex	Incomplete/invalid patient sex
MA61	Missing/invalid hic number	Did not complete or enter correctly the patient's social security number or health insurance claim number.
MA67	Correction to a prior claim	Correction to a prior claim.
MA82	Box 32	Did not complete or enter the correct physician/supplier's Medicare number or billing name, address, city, state, zip code, and phone number.

"EDGEOT" ".COOE CODE"

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
MA92	Msp required information was not complet	Our records indicate that there is insurance primary to Medicare; however, you did not complete or enter accurately the required information. Refer to the HCFA-1500 instruction on how to complete MSP information.
MA95	Unlisted proc code needs description	A "not otherwise classified" or "unlisted" procedure code(s) was billed, but a narrative description of the procedure was not entered on the claim. Refer to item 19 on the HCFA-1500.
MODIFIER	Modifier missing	Modifier Missing
N53	Incomplete/invalid point of pickup	Incomplete or invalid point of pickup
NCFSU	Non-client fee schedule undefined	Non-client fee schedule undefined
NCPS	Non-client pricing suspended	Non-client pricing suspended
NFDAA	Non fda action	Non FDA Action
NFDAAPX	Non fda action patient payor excluded	Non FDA Action Patient Payor Excluded
NOCLNCNVRT	Unable to convert to client	UNABLE TO CONVERT TO CLIENT
NOCOST	Reference test code has no lab cost setu	Reference test code has no lab cost setup
NODIAG	No diagnosis	No Accession level diagnosis
NODUPTEST	No duplicates allowed on this test	NO DUPLICATES ALLOWED ON THIS TEST
NOPOS	Place of service missing	Place of service missing
NOPYMTPYR	No payment payor	NO PAYMENT PAYOR
NOPYR	No payor for accession	No payor for accession
NOSERV	Number of services missing	Number of services missing
NOTEST	No test for accession	No test for accession
NOTESTPROC	Test procedure code undefined	Test Procedure Code Undefined
NOTSTDIAG	Diagnosis at the test level missing	Diagnosis at the test level missing
NWA	No written authorization	No written authorization
OA19	Worker's comp	Claim denied because this is a work-related injury and thus the liability of the Worker's Compensation carrier.
OA22	Possible cob coverage	Claim denied because this care may be covered by another payer per coordination of benefits.
OA23	Paid by another payer as part of cob	Claim denied/reduced because charges have been paid by another payer as part of coordination of benefits.
OA71	Primary payer amount	Primary payer amount.
OA93	No claim level adjustments	No claim level adjustments.
OAB11	Claim transferred to proper payer	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
OAB11	Claim transferred to the proper payor.	This claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor
OAB13	Previously paid	Previously paid. Payment for this claim/service may have been provided in a previous payment.
ORDERPHY	Ordering physician missing	Ordering physician
OTHERINFO1	Other info 1	Other info 1
OTHERINFO2	Other info 2	Other info 2
OTHERtINFO3	Other info 3	Other info 3

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
OTHERINFO4	Other info 4	Other info 4
PCNIE	Accn dos not within contract eff date	Accn DOS not within contract effective date
PE	Medicare denied - pre existing condition	Medicare denied - pre existing condition
PFSU	Payor fee schedule undefined	Payor fee schedule undefined
PGSP	Payor group not active for dos	Payor group not active for DOS
PIDSP	Payor not active for dos	Payor not active for DOS
PLANNAME	Plan name missing	Plan name missing
PR1	Deductible	Deductible Amount
PR109	Not covered by payer/contractor	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.
PR16	Lacks info needed for adjudication	Claim/service lacks information which is needed for adjudication.
PR18	Duplicate	Duplicate claim/service
PR2	Coinsurance	Coinsurance amount
PR21	Liability of no-fault carrier	Claim denied because this injury is the liability of the no-fault carrier.
PR22	Possible cob coverage	Claim denied because this care may be covered by another payer per coordination of benefits.
PR23	Paid by another payer as part of cob	Claim denied/reduced because charges have been paid by another payer as part of coordination of benefits.
PR28	Coverage not in effect	Coverage not in effect at the time service was provided.
PR29	Timely filing	The time limit for filing has expired.
PR31	Patient cannot be identified as our insu	Claim denied as patient cannot be identified as our insured.
PR46	Not a covered service	This (these) service(s) is (are) not covered.
PR48	Procedure not covered	This (these) procedure(s) is (are) not covered.
PR49	Routine	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.
PR50	Medical necessity	These are non-covered services because this is not deemed a "medical necessity" by the payer.
PR52	Provider not eligible to order the servi	The referring/prescribing provider is not eligible to refer/prescribe/order the service billed.
PR56	Svc not proven to be effective by payer	Claim/service denied because procedure/treatment has not been deemed "proven to be effective" by the payer.
PR57	Frequency	Claim/service denied/reduced because the payer deems the information submitted does not support this level of service, this manyservices, this length of service, or this dosage.
PR96	Non-covered services	Non-covered charges.
PR97	Included in basic service	Payment is included in the allowance for the basic service/procedure.
PRA3	Medicare secondary payer liability met	Medicare Secondary Payer liability met.
PRB10	Component of the basic procedure	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.
PRB11	Claim transferred to proper payer	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.
PRB15	Not paid separately	Claim/service denied/reduced because this procedure/service is not paid separately.
PRB9	Pt in hospice	Services not covered because the patient is enrolled in a hospice.

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
PRFNOCOMP	Profile with no components	PROFILE WITH NO COMPONENTS
PROVID	Provide id missing	Provider id missing
PTADD1	Patient address line 1 missing	Patient Address line 1 Missing
PTADD2	Patient address line 2 missing	Patient Address line 2 Missing
PTCITY	Patient city missing	Patient City Missing
PTDOB	Patient date of birth missing	Patient date of birth missing
PTFNAME	Patient first name missing	Patient first name missing
PTHMPH	Patient home phone missing	Patient Home Phone Missing
PTLNAME	Patient last name missing	Patient last name missing
PTNAME	Patient name or subscriber id missing	Patient name or subscriber id missing
PTSEX	Patient sex missing	Patient sex missing
PTSSN	Patient social security number missing	Patient social security number missing
PTSTATE	Patient state missing	Patient State Missing
PTZIP	Patient zip missing	Patient Zip Missing
PYRGRPEXCL	Upin excluded from payor group	UPIN excluded from payor group
PYRUPINEXL	Upin excluded from payor	UPIN excluded from payor
SUBID	Subscriber id missing	Subscriber id missing
TGO200	Tgo	X
TGO201	Tgo	X
TGO202	Tgo	X
TGO203	Tgo	X
TGO204	Tgo	X
TGO205	Tgo	X
TGO206	Tgo	X
TGO207	Tgo	X
TGO208	Tgo	X
TGO209	Tgo	X
TGO252	Accn_pyr_err	Tgo
TGO253	Accn_proc_err	Hello, tgo253
TGO278	Tgo abn related, pt when signed	Tgo
TGO279	Tgo outside agency	Tgo
TGO279-1	Tgo outside agency	Tgo
TGO281	Tgo	X
TGO282	Tgo	X
TGO283	Tgo	X

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
TGO284	Tgo	X
TGO285	Tgo	X
TGO286	Tgo	X
TGO289	Tgo	Tgo
TGO290	Tgo	Tgo
TGO291	Tgo	Tgo
TGO292	Tgo	Tgo
TGO293	Tgo	Tgo
TGO294	Tgo	Tgo
TGO295	Tgo	Tgo
TGO297	Tgo	Tom's denial concerning subscriber id.
TGO298	Tgo	Tom's denial concerning subscriber id.
TGO299	Tgo299	Tom's denial concerning subscriber id.
TGO301	Tgo	Tgo denial
TGO302	Tgo	Tgo denial
TGO303	Tgo	Tgo denial
TGO304	Tgo	Tgo denial
TGO305	Tgo	Tgo denial
TGO306	Tgo	Tgo denial
TGO307	Tgo	Tgo denial
TGO308	Tgo	Tgo denial
TGO309	Tgo	Tgo denial
TGO310	Tgo	Tgo denial
TGO311	Tgo	Tgo denial
TGO312	Tgo	Tgo denial
TGO313	Tgo	Tgo denial
TGO314	Tgo	Tgo denial
TGO315	Tgo	Tgo denial
TGO316	Tgo	Tgo denial
TGO318	Tgo	Tgo
TGO319	Tgo	X
TGO320	Tgo	X
TGO321	Accn_pyr_err	Tgo
TGO322	Tgo	X
TGO324	Tgo	X

TABLE ONE

CODE	SHORT DESCRIPTION	DETAILED DESCRIPTION
TGO400	No priotz actions, strt to hold	Straight to hold
TGO502	Tgo match compare	
TGO503	Tgo match compare	
TGO504	Tgo match compare	
U3	Cannot id patient	Medicare unable to identify patient
UNDEFCOMPP	Profile componet billed price undefined	Profile component price is undefined in the same fee schedule that the profile billed price was found
UNDEFPRC	Test billed price undefined	Test billed price undefined
UNKNOWN	An unknown error occured	An unknown error has occurred in the EP process.
UPIN	Upin missing missing	Upin missing missing
WCCASE	Wc case # missing	Worker's comp case number missing
WCCITY	Wc city missing	Worker's comp city missing
WCDOI	Wc doi missing	Worker's comp date of injury missing
WCEMPAD1	Wc employer address line 1 missing	Worker's comp employer address line 1 missing
WCEMPAD2	Wc employer address line 2 missing	Worker's comp employer address line 2 missing
WCEMPNAM	Wc employer name missing	Worker's comp employer name missing
WCPHONE	Wc phone missing	Worker's comp phone missing
WCSTATE	Wc state missing	Worker's comp state missing
WCZIP	Wc zip missing	Worker's comp zip missing